

WAGE CERTIFICATE

SUBJECT: BID NO.: IFB PMB-2019-24

DESCRIPTION OF PROJECT

FURNISH REFUSE COLLECTION SERVICES AT KAWAILEHUA – STATE
AND KAWAILEHUA – FEDERAL UNDER ASSET MANAGEMENT
PROJECT 38 ON KAUAI

Pursuant to Section 103-55, HRS, I hereby certify that if the awarded contract is in excess of \$25,000.00, the services shall be performed under the following conditions:

1. The services shall be performed by employees at wages or salaries not less than wages or salaries paid to public officers and employees doing similar work.

2. The services shall be in compliance with all applicable laws of the Federal and State governments, relating to worker's compensation, unemployment compensation, payment of wages, and safety.

I understand that all payments required by Federal and State laws to be made by employers for the benefit of their employees are to be paid in addition to the base wages required by Section 103-55, HRS.

BIDDER: _____

BY: _____
Signature of Person Authorized to Sign this Bid.

Please Print

NAME: _____

TITLE: _____

DATE: _____

IFB-PMB-2019-24
SEALED BID OFFER

Hawaii Public Housing Authority
 Contract and Procurement Office
 1002 North School Street, Bldg. D
 Honolulu, Hawaii 96817

Dear Procurement Officer:

The undersigned has carefully read and understands the terms and conditions specified in the Invitation for Bids, Specifications and the General Conditions by reference made a part of this Bid Offer and hereby submits the following offer to perform the work specified.

That the undersigned further understands and agrees that by submitting this Sealed Bid Offer, 1) it is declaring its Bid Offer is not in violation of Chapter 84, Hawaii Revised Statutes, concerning prohibited State contracts, and 2) it is certifying that the price(s) submitted was (were) independently arrived at without collusion.

Date: _____

Respectfully Submitted,

Telephone No.: _____

Legal Name of Offeror

Fax No.: _____

Payment address, if other than street
 address at right:

Authorized Signature (Original)

 Hawaii General Excise Tax Lic. I.D. No.:

Title

 Social Security or Federal I.D. No.:

Street Address

City, State, Zip Code

Offeror is: ☐ Individual ☐ Partnership ☐ Corporation ☐ Joint Venture

State of Incorporation: ☐ Hawaii * ☐ Other _____

*If "other", is corporate seal available in Hawaii? ☐ Yes ☐ No

1. All interested bidders must complete the following items:

- a. Give the history of the interested bidder's experience in the operation of refuse collection services in the State of Hawaii. Include the number of years of experience: (Attach separate pages if necessary.)

- b. Give the names and addresses of companies or government agencies at which the interested bidder has provided or is currently providing appliance services mentioned in Question 1a, together with the dates of services:

Firm or Agency	Contact Person	Telephone No.	Dates of Service

2.

Insurance coverage to be provided by:

Commercial General Liability: _____

Name of Agent: _____

Telephone Number: _____

Workers Comp: _____

Automobile Insurance: _____

Signature of Offeror _____

**IFB PMB-2019-24
Bid Offer Form**

Bidder: _____

INITIAL 12-MONTH PERIOD:

	# of Containers	Container Size	Service Schedule / Number of Days							Total No. of Pickup Days	Total No. of Pickups	Bid Price Per Pickup Per Container ¹				Total Bid Price ¹
			MON	TUE	WED	THU	FRI	SAT	Pickup Fee			Disposal Fee	=	Unit Bid Price		
Properties			53	52	52	52	52	52		(A)	(B)	(C)	(D) = (B+C)	(9/1/2019 - 8/31/2020)	(E) = (A x D)	
2204 Kawailehua - State	2	3 c.y.	X			X			106 *	212	+	=				
1086 Kawailehua - Federal	2	3 c.y.	X			X			105 *	210	+	=				

EXTRA YARDAGE CHARGE: _____

SUBTOTAL²: _____

OPTION YEAR 1:

Properties	# of Containers	Container Size	Service Schedule / Number of Days							Total No. of Pickup Days	Total No. of Pickups	Bid Price Per Pickup Per Container ¹				Total Bid Price ¹	
			MON		TUE		WED		THU			FRI		SAT			
			52	53	52	53	52	52	52			52	52	52	52		52
2204 Kawailehua - State	2	3 c.y.	X				X			105 *	210		+	=			
1086 Kawailehua - Federal	2	3 c.y.	X				X			105 *	210		+	=			

EXTRA YARDAGE CHARGE: _____

SUBTOTAL²: _____

**IFB PMB-2019-24
Bid Offer Form**

Bidder: _____

OPTION YEAR 2:

Properties	# of Containers	Container Size	Service Schedule / Number of Days							Total No. of Pickups	Bid Price Per Pickup Per Container ¹				Total Bid Price ¹	
			MON		TUE		WED		THU		FRI		SAT			
			52	52	52	52	53	52	52		52	52	52	52		
2204 Kawailehua - State	2	3 c.y.	X					X								
1086 Kawailehua - Federal	2	3 c.y.	X					X								

EXTRA YARDAGE CHARGE: _____ **SUBTOTAL²:** _____

GRAND TOTAL³: _____

¹ Unit Bid Price Per Pickup Per Container or Unit Bid Price, shall be the all inclusive unit cost to the HPHA (i.e. labor, equipment, all applicable taxes).

² SUBTOTAL is the sum of the Total Bid Prices for all the properties within the contract period.

³ GRAND TOTAL is the sum of the Subtotals for the Initial 12-Month Period, Option Year 1 and Option Year 2.

* Include additional service day on December 26th and/or December 27th as follows:

Initial 12-Month Period: Friday (12/27/2019)

Option Year 1: Saturday (12/26/2020)

Option Year 2: Sunday (12/27/2021)